

**STATE OF MICHIGAN
DEPARTMENT OF MILITARY & VETERAN AFFAIRS
2500 S. WASHINGTON AVENUE
LANSING, MICHIGAN 48913-5101**

MITAG-RET

DATE

SUBJECT: Application for Michigan National Guard State Retirement Benefits

The Adjutant General of Michigan
ATTN: State Military Retirement Pension Program
2500 S. Washington Avenue
Lansing, MI 48913-5101

I have served a minimum of 19 years, 6 months and 1 day in the Michigan National Guard (Army or Air) and qualify for state military retirement benefits from the State of Michigan. I am separated from the Michigan National Guard or will be within the next three months. Herewith is my application:

NAME: _____ SSN: _____ RANK: _____

SERVICE CATEGORY: _____ AIR NATIONAL GUARD _____ ARMY NATIONAL GUARD

STATUS: _____ *CURRENT MEMBER _____ *FORMER MEMBER _____ SURVIVING SPOUSE

*Scheduled Separation Date from the Michigan National Guard: _____

If separated from the Michigan National Guard a copy of the discharge/separation order is attached.

ADDRESS: _____

CITY, STATE ZIPCODE: _____

PHONE: HOME (____) _____ WORK: (____) _____

DATE OF BIRTH: * _____

*NOTE: You must provide a legal document to verify the date of birth (i.e., birth certificate, baptismal certificate, driver's license, etc.). A surviving spouse does not have to provide the verification of birth date. However, the spouse must provide a copy of the death certificate and marriage license.

PLEASE LINE OUT THE INCORRECT RESPONSE TO THE FOLLOWING STATEMENT:

I (have received) (expect to receive) an HONORABLE DISCHARGE or separation.

NOTE: If OTHER THAN HONORABLE discharge or separation, you must furnish a full explanation of the circumstances with this application.

I am applying for Michigan National Guard state retirement benefits under the following statutory authority:

_____ Sec. 411, Act 150, State of Michigan, 1967 (\$600 per year to service member).

_____ Sec. 411(3), Act 150, State of Michigan, 1967, as amended (\$500 per year to surviving spouse).

_____ Sec. 49, Act 84, 1909 and Sec. 410, Act 150, State of Michigan, 1967

(percentage retirement over 10 years ACTUAL STATE DUTY)

I hereby certify the above statements and all attached documents are true and correct.

APPLICANT SIGNATURE

WITNESS SIGNATURE & ADDRESS

ALL ITEMS MUST BE COMPLETED!